

Internship Application

Contact Informat	tion	
Name:		_
Home Address:		-
		-
Home Phone:		-
Cell Phone:		
E-mail:		
Academic Inform	ation	_
Name of School:		_
School Address:		_
		-
		-
Expected Graduation	Date:	
Current G.P.A:		
Major:		
Are you interested in	obtaining academic credit for this internship?	
Please list any specia	l program requirements necessary to obtain credit.	
Please list any compu	ter experience that you have.	

Please list activities you enjoy, interest and any honors/awards you have received:	
Residence Information	
Are you a citizen of the United States?	
If no, which country?	
Are you a New Hampshire Resident?	
Additional Information	
In which office would you like to intern?	
Washington, D.C.	
Manchester, N.H.	
When would you like to intern?	
Summer (June-August) (Deadline March 15)	
Fall: (September to December) (Deadline July 1)	
Spring: (January to May) (Deadline October 15)	
Questionnaire	

Why do you want to intern with Senator Ayotte's office and what do you hope to gain from the experience?

J	v list what areas of public policy most interest you and explain why.
Descri	be one of your extracurricular activities and how it has prepared you for an internship on
Capito	i mii.
	submit the following along with completed application form:
•	Cover letter Resume
•	2 Letters of recommendation
Dloss	mail to
riease	e mail to Senator Kelly Ayotte
	Attn: Internship Coordinator
	41 Hooksett Road, Unit 2
	Manchester, NH 03104